



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 05/25/10 to 07/18/10

1. Committee I.D. Number

150550

2. Committee Name

Elect Thomas Ryder

4. Candidate Last Name First Name M.I.

Ryder Thomas L

4a. Office Sought Including District # or Community Served (If applicable)

Bay County 7th district county commissioner

4b. County of Residence Bay

5. Committee's Mailing Address

**601 N. Hampton St.
Bay City, MI 48708**

6. Treasurer's Name & Residential Address

**Thomas L. Ryder
601 N. Hampton St.
Bay City, MI 48708**

Area Code and Phone (989) 893-8893

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

Area Code & Phone (989) 893-8893

7. Treasurer's Business Address

**601 N. Hampton St.
Bay City, MI 48708**

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

**Thomas L. Ryder
601 N. Hampton St.
Bay City, MI 48708**

Area Code and Phone (989) 893-8893

Area Code and Phone (989) 893-8893

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08/03/10

9c. ☒ Annual Statement (2010 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **Thomas L. Ryder** , Thomas L. Ryder Date 07/20/2010
Type or Print Name Signature

Candidate **Thomas L. Ryder** , Thomas L. Ryder Date 07/20/2010
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 150550

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Elect Thomas Ryder

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$4,490.93</u>	(19.) \$ <u>\$4,490.93</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,490.93</u>	(20.) \$ <u>\$4,490.93</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$4,490.93</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u></u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u></u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$4,490.93</u>	(23.) \$ <u>\$4,490.93</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u></u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u></u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u></u>	(24.) \$ <u></u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$4,490.93</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u></u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,490.93</u>	
	(15.) = \$	<u>\$4,490.93</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$4,490.93</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$0.00</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

150550

2. Committee Name

Elect Thomas Ryder

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: <u>Tom Ryder</u></p> <p>Address: <u>601 N. Hampton St, Bay City, MI 48708</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Retired</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$4490.93	\$4490.93
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>			
<p>Page Subtotal</p> <p>Grand Total of All Schedules 1A</p> <p>(Complete on last page of Schedule)</p>		\$4490.93	

Enter this total on
line 3 of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150550
2. Committee Name Elect Thomas Ryder

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Neal Richey</u> Address <u>1190 Woodward Trail</u> <u>Haslett, MI 48840</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>voter database</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/25/10</u> Date	<u>\$ 300.00</u>
Expenditure #2 Name <u>Bay City Democrat</u> Address <u>309 Ninth St.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/10</u> Date	<u>\$ 205.64</u>
Expenditure #3 Name <u>U. S. Postmaster</u> Address <u>Main Post Office</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/11/10</u> Date	<u>\$ 84.00</u>
Expenditure #4 Name <u>Bay City Democrat</u> Address <u>309 Ninth St.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/10</u> Date	<u>\$ 205.64</u>
Expenditure #5 Name <u>Sawicki & Son</u> Address <u>1521 W. Lafayette</u> <u>Detroit, MI 48216</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/17/10</u> Date	<u>\$ 565.00</u>

Subtotal this page

1,360.28

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150550
2. Committee Name Elect Thomas Ryder

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Bay City Democrat Address 309 Ninth St Bay City, MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/22/10</u> Date	\$ <u>596.78</u>
Expenditure #2 Name U. S. Postmaster Address Main Post Office Bay City, MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/28/10</u> Date	\$ <u>70.40</u>
Expenditure #3 Name Bay City Democrat Address 309 Ninth Street Bay City, MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/10</u> Date	\$ <u>86.17</u>
Expenditure #4 Name Staples Address 4021 N. Euclid Ave. Bay City, MI 48706 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/10</u> Date	\$ <u>16.49</u>
Expenditure #5 Name U. S. Postmaster Address Main Post Office Bay City, MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>envelopes & stamps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/10</u> Date	\$ <u>377.75</u>
Subtotal this page			<u>1,147.59</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150550
2. Committee Name Elect Thomas Ryder

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Staples</u> Address <u>4021 N. Euclid Ave.</u> <u>Bay city, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>index cards & envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/10</u> Date	<u>\$ 45.48</u>
Expenditure #2 Name <u>Staples</u> Address <u>4021 N. Euclid Ave</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing & folding</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/02/10</u> Date	<u>\$ 162.18</u>
Expenditure #3 Name <u>U. S. Postmaster</u> Address <u>Main Post Office</u> <u>Bay City, MI 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>envelopes</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/10</u> Date	<u>\$ 237.75</u>
Expenditure #4 Name <u>Staples</u> Address <u>4021 N. Euclid Ave.</u> <u>Bay City, MI 48706</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>printing & folding</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/10</u> Date	<u>\$ 218.35</u>
Expenditure #5 Name <u>Staples</u> Address <u>4021 N. Euclid Ave.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>printing & folding</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/10/10</u> Date	<u>\$ 216.24</u>

Subtotal this page

880.00

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150550
2. Committee Name Elect Thomas Ryder

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Dornbos Printing Address 1131 E. Genesee Ave. Saginaw, MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>printing & postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/10</u> Date	<u>\$ 744.12</u>
Expenditure #2 Name Dornbos Printing Address 1131 E. Genesee Ave. Saginaw, MI 48607 <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/13/10</u> Date	<u>\$ 192.97</u>
Expenditure #3 Name U. S. Postmaster Address Main Post Office Bay City, MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/14/10</u> Date	<u>\$ 84.00</u>
Expenditure #4 Name Rush Office Outfitters Address 1313 N. Johnson St. Bay City, MI 48708 <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/15/10</u> Date	<u>\$ 25.97</u>
Expenditure #5 Name U. S. Postmaster Address Main Post Office Bay City, MI 48708 <input type="checkbox"/> Fund Raiser	Purpose: <u>postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/10</u> Date	<u>\$ 56.00</u>
Subtotal this page			<u>1,103.06</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>4,490.93</u>

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150550
2. Committee Name Elect Thomas Ryder

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Thomas L. Ryder 601 N. Hampton St. Bay City, MI 48708	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05/25/10</u> 6. <u>Original Amount of Debt:</u> \$ <u>4490.93</u>	05/25/10 \$ 4,490.93 \$ \$ \$ \$	\$ 4490.93	\$ 4490.93 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$4,490.93

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

\$4,490.93

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.